



Tennessee Health Facilities Commission Quick Reference Guide
Relocation Exemption Application Process

Relocation Exemption Process

Note for Adding an External User

Information

Please note, in order to add an external user (consultant) to view/work on the application, you must send an email to alecia.l.craighead@tn.gov requesting access.

You must include the following information in your email:

- Application Number (for the application you want to share)
- External user's name
- External user's email address

To remove access to an external user, an email must be sent to the email above stating you would like to remove the external user (please include the information listed above).

Enter your **User Name**.

Enter your **Password**.

For information on registration and resetting password, view the full Community portal user guide.



Don't have an Account ?

To create your account, use the Registration link below to fill in your information. Once finished, use your log-in credentials to access your account.

[Register →](#)

Contact Us ?

If there are any questions regarding the sign in or registration process, please contact staff at **615-741-2364** or email at hsda.staff@tn.gov

LOGIN

Hello there, login to the screen below

Required fields are marked with an asterisk *

* User Name ⓘ

imran.chowdhury+1@mtxb2b.com.tnhfc

* Password

.....

[Forgot Password?](#)

LOGIN

or

Don't have an account? [Create Account](#)

Relocation Exemption

Instructions

1. From the Dashboard, click on **All Applications**.

For information on Letter of Intent, please review the full Community portal user guide or LOI quick reference guide.

Key Points

The screenshot displays the HHC Community Portal Dashboard. At the top left is the HHC logo. The top navigation bar includes links for Home, Applications (with a dropdown arrow), Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is located on the right. The main dashboard area features five summary cards: 'All Applications' (1), 'Open Applications' (1), 'Closed Applications' (0), 'Applications Under Review' (1), and 'Supplemental Information Required' (0). The 'All Applications' card is highlighted with a red border. Below these cards is a 'Count of Applications' section with a donut chart. The chart is divided into four segments: Open Applications (pink, 1), Closed Applications (orange, 0), Applications Under Review (yellow, 1), and Supplemental Information Required (teal, 0). A legend above the chart identifies the colors for each status.

Application Status	Count
All Applications	1
Open Applications	1
Closed Applications	0
Applications Under Review	1
Supplemental Information Required	0

Count of Applications

- Open Applications
- Closed Applications
- Applications Under Review
- Supplemental Information Required

Relocation Exemption

Instructions

Find the **Relocation Exemption –LOI** application.

Click on the 3 dots under **Actions**.

The screenshot displays the 'All Applications' page in the HFC portal. The page header includes the HFC logo, the user name 'Imran Chowdhury', and navigation links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is also present. The main content area features a search bar and a dropdown menu set to 'All'. Below this is a table with the following data:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATED DATE	ACTIONS
PAR-000000670	test	Relocation Exemption - LOI	-	Submitted	2/13/2023	View ⋮

The 'ACTIONS' column for the first row is highlighted with a red box, indicating the target for the instruction. A pagination indicator '1' is visible at the bottom right of the table area. The footer contains the copyright notice '© 2022 HFC | All Rights Reserved' and a link for 'Contact Us | Privacy & Terms'.

Relocation Exemption

Instructions

Click on **Start RE**.

To create the Relocation Exemption application, you do not need the LOI to be accepted. LOI must be accepted in order to submit the Relocation Exemption application.

Key Points

The screenshot shows the 'All Applications' page in the HFC portal. The page header includes the HFC logo and the user name 'Imran Chowdhury'. The navigation bar contains links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The main content area displays a table of applications with the following data:

APPLICATION NUMBER	PROJECT NAME	APPLICATION TYPE	CERTIFICATE NUMBER	STATUS	CREATED	Actions
PAR-000000670	test	Relocation Exemption - LOI	-	Submitted	2/13/2023	Download Start RE Withdraw

The 'Start RE' button in the actions column is highlighted with a red dashed box. The footer contains the text '© 2022 HFC | All Rights Reserved out:blank' and 'Contact Us | Privacy & Terms'.

Enter the **Website Address** of the Facility, Agency, or Institution.
Click **Save and Next**.

- You will begin the application with Facility, Agency, or Institution.
- Notice all but Website Address have been auto-populated as they were captured in the LOI.
- Please note your application name can be found on the top right of the application.

 Imran Chowdhury 

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Facility, Agency, or Institution

Application Name - PAR-000000671

*** indicates required field**

1A. Name of Facility, Agency, or Institution

*** Project Name**
test

*** Street or Route** test *** County** test

*** City** test *** State** Tennessee

*** Zip** 12345 *** Website Address** Enter Website Address

License Number (If Applicable)

Note: The facility's name and address must be the name and address of the project and must be consistent with the Publication of

Complete the required fields for 2A.
Click **Save and Next**.

- Once you are on the second page, you are able to click on the **Previous** button to go back to the other page.
- Click **Save and Next** to continue the application.
- Click **Cancel** if you need to close the application.

Health Facilities Commission
HFC

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Imran Chowdhury

Application Name : PAR-000000671

Facility, Agency, or Institution

Contact Person

Owner Information

Executive Summary

Document Upload

Attestation

Contact Person

2A. Contact Person Available for Responses to Questions

* First Name: Imran

* Last Name: Chowdhury

* Title:

* Company Name: MTX Group Inc

* Email Address: imran.chowdhury+1@mtxb2b.com

* Street or Route: 4102 Admiralty way

* City: Irving

* State: Tennessee

* Zip: 75061

* Association With Owner:

* Phone Number: 214-803-4743

[Previous](#) [Cancel](#) [Save & Next](#)

Answer the required fields for the remainder of the application.

Click **Save and Next** for the pages you complete.

Fields that are shaded grey are pre-populated and cannot be edited.

Review the full Community portal user guide for a full breakdown of the application process.

The screenshot displays the Florida Facilities Commission (FFC) application portal. The top navigation bar includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button. The user 'Imran Chowdhury' is logged in. A sidebar on the left shows the application progress: 'Facility, Agency, or Institution' (completed), 'Contact Person' (completed), 'Owner Information' (current step), 'Executive Summary', 'Document Upload', and 'Attestation'. The main content area is titled 'Owner Information' and shows 'Application Name : PAR-000000671'. The form includes several required fields marked with an asterisk: 'Name' (text input with 'test'), 'Street or Route' (text input), 'City' (text input), 'State' (dropdown menu), 'Zip' (text input), and 'Phone Number' (text input). Below these is section '4A. Type of Ownership of Control' with a dropdown menu set to 'Sole Proprietorship'. Section '5A. Legal Interest in the Site' includes a note: 'The legal interest described below must be valid on the date of the Agency consideration of the Certificate of Need application.' and three radio button options: 'Ownership (Applicant or applicant's parent company/owner) - Attach a copy of the title/deed.', 'Lease (Applicant or applicant's parent company/owner) - Attach a fully executed lease that includes the terms of the lease and the actual lease expense.', and 'Option to Purchase - Attach a fully executed Option that includes the anticipated purchase price.'

Relocation Exemption

Instructions

Answer the required fields.

Click **Save and Next**.

The screenshot shows a web application interface for a Relocation Exemption. At the top left is the logo for the Health Facilities Commission (HFC). The top right shows the user's name, Imran Chowdhury, with a profile icon. A navigation bar contains links for Home, Applications (with a dropdown arrow), Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is located on the right side of the navigation bar. On the left side of the main content area, there is a vertical sidebar with a progress indicator showing steps: Facility, Agency, or Institution; Contact Person; Owner Information; Executive Summary (highlighted with a blue circle); Document Upload; and Attestation. The main content area is titled 'Executive Summary' and includes the application name 'PAR-000000671'. A red asterisk indicates a required field. The section '1E. Overview' contains a text box with a character limit of 1800. Below this are three text boxes, each with a red asterisk and a specific instruction: 'Service Area - Address if at least ninety-five percent (95%) of patients to be served are reasonably expected to reside in the same zip codes as the existing patient population.', 'Medicaid/TennCare Participation - Address any changes as a result of the relocation.', and 'Access To Consumers - Address if the relocation will reduce or impact access to consumers, particularly those in underserved communities; those who are uninsured or underinsured; women and racial and ethnic minorities; TennCare or Medicaid recipients; and low income groups.' The section '2E. Patients by Zip Code' contains a text box with instructions on how to enter utilization data. At the bottom, there is a section for 'Current Location (Latest Full Year)'.

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Facility, Agency, or Institution
Contact Person
Owner Information
Executive Summary
Document Upload
Attestation

Executive Summary Application Name - PAR-000000671

*** indicates required field**

1E. Overview

For all Executive Summary items together, please limit your response to the topics to 1800 characters in total.

***Service Area - Address if at least ninety-five percent (95%) of patients to be served are reasonably expected to reside in the same zip codes as the existing patient population.**

Placeholder

***Medicaid/TennCare Participation - Address any changes as a result of the relocation.**

Placeholder

***Access To Consumers - Address if the relocation will reduce or impact access to consumers, particularly those in underserved communities; those who are uninsured or underinsured; women and racial and ethnic minorities; TennCare or Medicaid recipients; and low income groups.**

Placeholder

2E. Patients by Zip Code

First, enter the total utilization. Next, enter every zip code and its utilization until the total percent calculates to 95% or more. With each entered zip code/utilization, the percentage will be automatically calculated.

Current Location (Latest Full Year)

Relocation Exemption

Instructions

Read the **Patients by zip code** information.
Enter the **Year** and **Beginning Month**.
Click on **Add Zip code Data**.

In this section you will add zip code based on historical utilization.
If this portion does not pertain to you, select the **Not Applicable** check box.

Key Points

2E. Patients by Zip Code

First, enter the total utilization. Next, enter every zip code and its utilization until the total percent calculates to 95% or more. With each entered zip code/utilization, the percentage will be automatically calculated.

Current Location (Latest Full Year)

Not Applicable

*Year *Beginning Month

Add Patients By Zip Code Information

SERVICE AREA ZIPCODE	HISTORICAL UTILIZATION-ZIP CODE PATIENTS	% OF TOTAL CURRENT PATIENTS	ACTION
Add Zip Code Data			

Proposed Location (2nd Full Year of Operation)

Not Applicable

*Year *Beginning Month

Relocation Exemption

Instructions

Enter the required information.

Click **Save** to continue.

The screenshot displays a web application interface for a 'Relocation Exemption' process. At the top left is the logo for the 'Florida Facilities Commission' (FFC). The user's name, 'Imran Chowdhury', is shown in the top right corner. A navigation menu includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need'. A 'New Application' button is located in the top right.

The main content area is titled '2E. Patients by Zip Code'. Below the title, a text box provides instructions: 'First, enter the total utilization. Next, enter every zip code and its utilization until the total percent calculates to 95% or more. With each entered zip code/utilization, the percentage will be automatically calculated.'

A modal window titled 'Add Patients By Zip Code Information' is open in the center. It contains three input fields, each with an asterisk indicating it is a required field:

- *SERVICE AREA ZIPCODE
- * HISTORICAL UTILIZATION-ZIP CODE PATIENTS
- * AREA/CITY

At the bottom right of the modal, there are two buttons: 'Cancel' and 'Save'. The 'Save' button is highlighted with a red rectangular border.

Below the modal, the form continues with a section titled 'Proposed Location (2nd Full Year of Operation)'. It includes a checkbox for 'Not Applicable', a required field for '* Year' (with a placeholder 'Enter Year'), and a required dropdown menu for '* Beginning Month'.

At the bottom of the page, a table header is visible, including 'Add Patients By Zip Code Information' and columns for 'SERVICE AREA ZIPCODE', 'PROJECTED UTILIZATION-ZIP CODE PATIENTS', '% OF TOTAL PROJECTED PATIENTS', and 'ACTION'.

Relocation Exemption

Key Points

You are able to **Edit** or **Delete** the county under **Action**.

You may add more than 1 county.

The screenshot displays the Florida Facilities Commission (FFC) web application interface. At the top, the FFC logo and user name 'Imran Chowdhury' are visible. The navigation menu includes 'Home', 'Applications', 'Payments', 'My Letter of Intent', and 'My Certificate of Need', along with a 'New Application' button.

The main content area is divided into two sections. The top section is for adding patients by zip code information. It includes a checkbox for 'Not Applicable', a text input for '*Year' (2021), and a dropdown for '*Beginning Month' (January). Below this is a table with the following data:

SERVICE AREA ZIPCODE	HISTORICAL UTILIZATION-ZIP CODE PATIENTS	% OF TOTAL CURRENT PATIENTS	ACTION
12345	12	100	[Dropdown menu with Edit and Delete options]
Total	12	75% or More	

A red box highlights the 'ACTION' column, showing a dropdown menu with 'Edit' and 'Delete' options. Below the table is a blue button labeled 'Add Zip Code Data'.

The bottom section is for 'Proposed Location (2nd Full Year of Operation)'. It includes a checkbox for 'Not Applicable', a text input for '*Year' (Enter Year), and a dropdown for '*Beginning Month'.

Relocation Exemption

Key Points

Follow the same instructions for the second full year of operation.

If this section does not pertain to you, click on the check box next to **Not Applicable**.

The screenshot shows the Florida Facilities Commission (FFC) web application interface. The top navigation bar includes links for Home, Applications, Payments, My Letter of Intent, and My Certificate of Need, along with a 'New Application' button. The user's name, Imran Chowdhury, is displayed in the top right corner.

The main content area is divided into two sections, both titled 'Add Patients By Zip Code Information'. The first section displays a table with the following data:

SERVICE AREA ZIPCODE	HISTORICAL UTILIZATION-ZIP CODE PATIENTS	% OF TOTAL CURRENT PATIENTS	ACTION
12345	12	100	[Dropdown Arrow]

Below the table is a button labeled 'Add Zip Code Data'. A summary row shows 'Total' with '12' patients and '75% or More' utilization.

The second section is titled 'Proposed Location (2nd Full Year of Operation)'. It includes a checkbox for 'Not Applicable'. Below this are two input fields: '*Year' (with a placeholder 'Enter Year') and '*Beginning Month' (with a dropdown arrow).

The second 'Add Patients By Zip Code Information' section is currently empty, with a table structure similar to the first one, and a button labeled 'Add Zip Code Data' below it.

At the bottom of the page, the text '3E. Payor Mix' is visible.

CoN Application

Instructions

Enter the data in the text fields.
Click **Save and Next**.

When the **Payor Mix Current Location** Revenue, the percent of total fields will auto calculate.

Key Points

The screenshot shows a web application interface for the Health Facilities Commission (HFC). The user is Imran Chowdhury. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is visible. The main content area is titled 'Payor Mix, Current Location (Latest Full Year)'. It features two dropdown menus for '*Year' and '*Beginning Month'. Below these is a table with three columns: 'PAYOR SOURCE', 'GROSS REVENUE', and '% OF TOTAL'. The table lists five categories: Medicare/Meducare Managed Care, TennCare/Medicaid, Commercial/Other Managed Care, Self-Pay, and Other (with a 'Please Specify' field). A 'Total' row shows \$0.00 for Gross Revenue and 0 for % of Total. A 'Charity Care' row is also present. Below the table, the section 'Payor Mix, Proposed Location (2nd Full Year of Operation)' is partially visible.

PAYOR SOURCE	GROSS REVENUE	% OF TOTAL
Medicare/Meducare Managed Care	<input type="text"/>	<input type="text" value="0"/>
TennCare/Medicaid	<input type="text"/>	<input type="text" value="0"/>
Commercial/Other Managed Care	<input type="text"/>	<input type="text" value="0"/>
Self-Pay	<input type="text"/>	<input type="text" value="0"/>
Other <input type="text" value="Please Specify"/>	<input type="text"/>	<input type="text" value="0"/>
Total	\$0.00	0
Charity Care	<input type="text"/>	<input type="text"/>

Click on **Upload Files**.

On this page you will upload files as documents.
Follow the steps to upload a file.

Health Facilities Commission
HFC

Home Applications Payments My Letter of Intent My Certificate of Need New Application

Application Name : PAR-0000000671

* indicates required field

DOCUMENT NAME	UPLOAD	ACTIONS
*Attachment 5A - Legal Interest in the Site - A fully executed Option that includes the anticipated purchase price.	Upload Files	
*Attachment 5A - Legal Interest in the Site - Reference Document	Upload Files	
Attachment 4E - Proof of publication	Upload Files	
Additional Documents	Upload Files	

Previous Cancel Save & Next

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Relocation Exemption

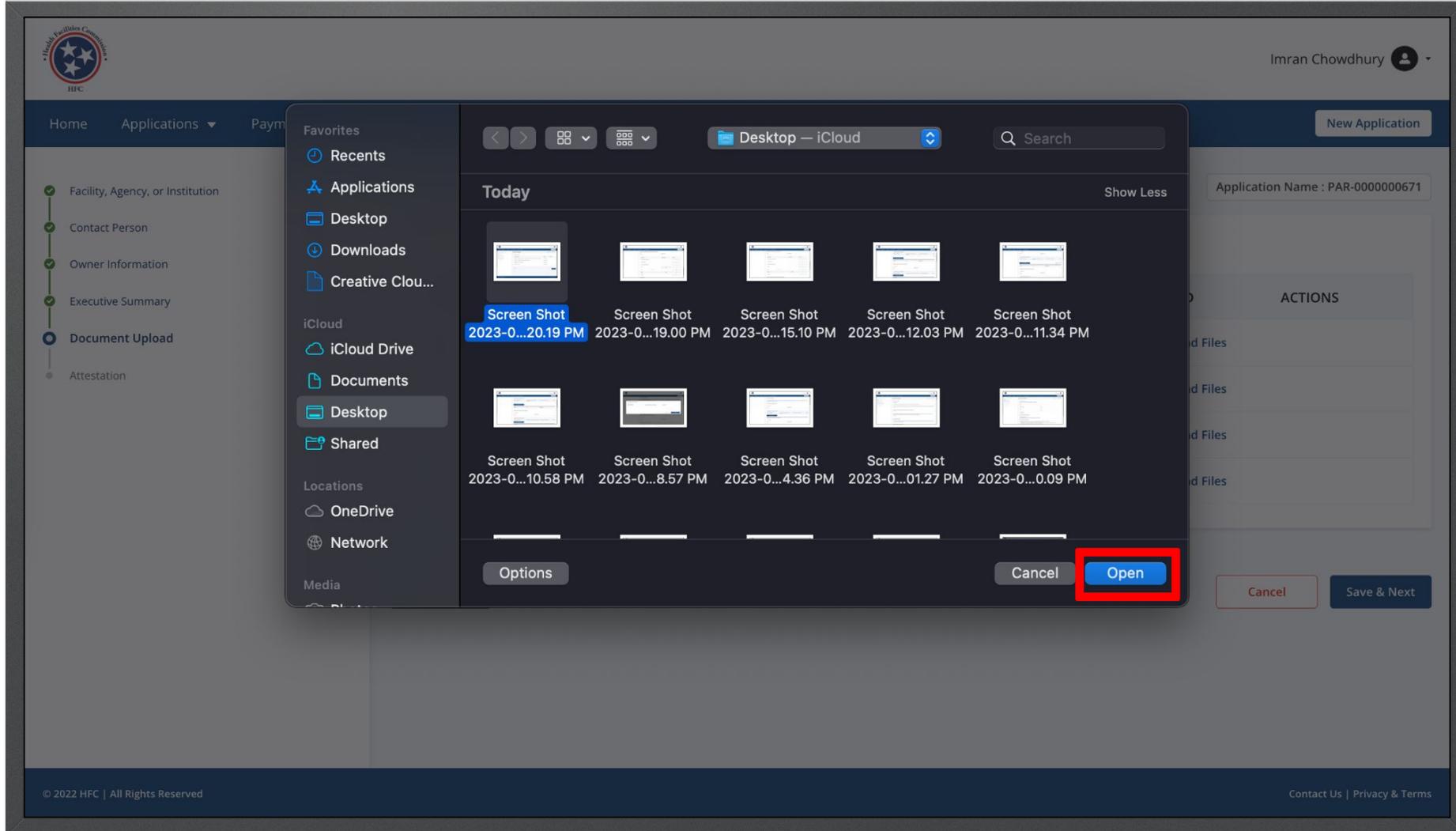
Instructions

Select the image file you want to upload.

Click **Open**.

Please note this image is based on the device you are using not the application. You may see a different view than this image.

Key Points



Relocation Exemption

Instructions

If the file is in correct you can delete it by clicking **Delete**.
Provide all the required files.
Click **Save and Next**.

You may also download the file to view what was uploaded.
You can upload spreadsheets, documents, text, pdf, and jpg.

Key Points

The screenshot shows the 'Document Upload' page in the HFC portal. The user is Imran Chowdhury. The application name is PAR-0000000671. The left sidebar shows a progress indicator for various steps, with 'Document Upload' currently selected. The main content area contains a table of uploaded documents with columns for 'DOCUMENT NAME', 'UPLOAD', and 'ACTIONS'. The 'Save & Next' button is highlighted with a red box.

Home Applications Payments My Letter of Intent My Certificate of Need [New Application](#)

Application Name : PAR-0000000671

* indicates required field

DOCUMENT NAME	UPLOAD	ACTIONS
*Attachment 5A - Legal Interest in the Site - A fully executed Option that includes the anticipated purchase price.	Screen Shot 2023-02-13 at 4.20.19 PM	Download Delete
*Attachment 5A - Legal Interest in the Site - Reference Document	Upload Files	
Attachment 4E - Proof of publication	Upload Files	
Additional Documents	Upload Files	

[Previous](#) [Cancel](#) [Save & Next](#)

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If the LOI has not been accepted, you will not be able to submit the application. Once the LOI is accepted the error message at the bottom of the application will not be visible.

The screenshot displays the 'Attestation' step of a Relocation Exemption application. The interface includes a navigation menu with options: Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. A 'New Application' button is located in the top right. The left sidebar shows a progress list: Facility, Agency, or Institution; Contact Person; Owner Information; Executive Summary; Document Upload; and Attestation (the current step). The main content area is titled 'Attestation' and shows the application name 'PAR-000000671'. A red asterisk indicates a required field. A checkbox is present with the text: '* I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my application shall be liable to cancellation.' Below this, there are input fields for 'Name' (Imran Chowdhury) and 'Date' (02-13-2023). A prominent red error message states: 'You cannot Submit the RE application until LOI is Accepted'. At the bottom, there are 'Previous', 'Cancel', and 'Submit' buttons. The footer contains copyright information: '© 2022 HFC | All Rights Reserved' and a link to 'Contact Us | Privacy & Terms'.

Relocation Exemption

Instructions

Click on the **Attestation** check box.

Click **Submit**.

The screenshot displays the Florida Facilities Commission (HFC) application portal. The user is logged in as Imran Chowdhury. The navigation menu includes Home, Applications, Payments, My Letter of Intent, and My Certificate of Need. The current step is 'Attestation', which is highlighted in the left sidebar. The main content area shows the 'Attestation' form with the following details:

- Application Name: PAR-000000671
- Red text: *** Indicates required field**
- Red box around the checkbox:
- Text: I hereby declare that the information furnished above is true, complete, and correct to the best of my knowledge and belief. I understand that in the event of my information being found false or incorrect at any stage, my application shall be liable to cancellation.
- Form fields:
 - Name: Imran Chowdhury
 - Date: 02-13-2023
- Buttons: Previous, Cancel, and Submit (highlighted with a red box).

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This concludes the QRG for the HFC Portal Relocation Exemption Application Process

THANK YOU